Health Care Access

Maintain and Expand Essential Health and Behavioral Health Services

OBJECTIVE:	Health Care Access
Initiative 1A:	ELECTRONIC HEALTH RECORDS
	Ensure that by 2013 the Mental Health/Mental Retardation/Substance Abuse (MH/MR/SA) electronic health records software will allow electronic exchange of individual health information with other health care providers.
Actions:	 Achieve full compliance with all electronic health record (EHR) requirements. Work with other Virginia Community Services Boards to standardize data elements to facilitate future data exchange. Implement electronic prescribing. Work with software vendor to interpret and actualize electronic record destruction regulations.
Measures:	By 2013, MH/MR/SA will be fully compliant with all statutory and regulatory EHR requirements.

OBJECTIVE:	Health Care Access
Initiative 1B:	COMMUNITY SERVICES BOARD FACILITIES
	Ensure that all Community Services Board facilities are appropriately designed & maintained to meet the needs of the populations served by 2013.
Actions:	 Implement the City's new Customer Relationship Management software in Mental Health/Mental Retardation/Substance Abuse (MH/MR/SA) to facilitate communication, identify facility needs, track progress and timeliness of corrective actions, and implement a comprehensive preventive maintenance plan. Identify funding to pursue correction of existing ADA and accessibility issues at the Mill Road substance abuse services facility, as well as potential improvements to the building's design to allow for more effective service program operations.
Measures:	 By 2013, all Community Services Board programs will achieve CARF accreditation with no recommendations concerning facilities. FY 2013, the number of facility-related incidents reported will decrease by at least fifty percent. There will be no facility-related licensing citations. ADA and accessibility issues at Mill Road will be addressed by 2013. 85% of ID consumers or Authorized representatives will answer positively to the question "Do you like your residence and your residential services?" 85% of Mental Health/Substance Abuse residential consumers will answer positively to questions regarding overall satisfaction with services on a written survey.

OBJECTIVE:	Health Care Access
Initiative 1C:	DECREASE INVOLVEMENT OF MENTALLY ILL IN CRIMINAL JUSTICE SYSTEM
	By 2013, fully implement Citywide initiatives that will decrease the involvement of persons with mental illness in the criminal justice system.
Actions:	• Fully implement the Crisis Stabilization Team (CIT) of at least 40 patrol officers within the Alexandria Police Department by 2011.
	 Decrease recidivism in the correctional system of persons with mental illness and substance abuse disorders by expanding community-based treatment and services specifically designed to work with these individuals.
Measures:	 Forty APD police officers trained in CIT 100% of all 911 dispatchers trained in CIT 100% of all APD patrol officers receive basic mental health training 80% of all CIT calls will result in non arrest due to either a referral to appropriate mental health treatment or on-scene management of the incident 50% decrease in jail days of mentally ill persons involved in the Public Defender-led Jericho Project from one year prior to their involvement in Jericho

OBJECTIVE:	HEALTH CARE ACCESS
Initiative 1D:	DEVELOPMENTAL DISABILITIES AND AUTISM
	Complete a needs assessment of the services necessary to serve Alexandrians with developmental disabilities and autism spectrum disorders.
Actions:	• By 2013, the Community Services Board, in coordination with schools, community providers, and other relevant stakeholders, will complete a needs determination that: identifies the number of Alexandrians with unmet service needs related to Developmental Disabilities and Autism Spectrum Disorders; qualifies the types of service needs; and evaluates the costs of meeting the service needs. This is in response to a pending State mandate that Community Services Boards assume responsibility for the care and treatment of persons with developmental disabilities and autism spectrum disorders
Measures:	 Report on number of individuals in Alexandria with Developmental Disabilities and Autism Spectrum Disorders and number who would meet eligibility criteria for Community Services Board services, per state mandate. Report on specific identified unmet service needs of Alexandrians with Developmental Disabilities and Autism Spectrum Disorders. Report on estimated cost of meeting service needs and any identified non-City sources for such services.

OBJECTIVE:	Health Care Access
Initiative 1E:	DECREASE SUBSTANCE ABUSE IN ARLANDRIA
	By 2013, develop substance abuse prevention and treatment services in the Arlandria community aimed at decreasing alcohol related crimes and improving individual and community health.
Actions:	• Implement the Targeted Area Plan for Substance Abuse Prevention and Treatment in Arlandria by 2013.
Measures:	 Design and implement substance abuse prevention and treatment services in the Arlandria community. Serve at least 600 persons each year. One year after program implementation, realize a 5-10% decrease in the number of persons picked up for public intoxication ("Drunk in Public") in Arlandria.

OBJECTIVE:	Health Care Access
Initiative 1F:	ACCREDITATION OF COMMUNITY SERVICES BOARD SERVICES
	Achieve National Accreditation for all Community Services Board (CSB) services.
Actions:	 Correct facility issues to ensure that all CSB facilities meet CARF standards.
	• Implement ongoing programmatic improvements to ensure all services are designed and structured to meet best practice and accreditation standards.
	 Annually update all Department policies and procedures to reflect the continuously changing accreditation standards and the mission of the department.
	 Maintain a healthy, safe and clean environment that supports quality services and minimize risk of har to clients, personnel and other stakeholders by conducting routine health and safety inspections and drills.
	 Improve client satisfaction, in part by actively engaging clients to be a part of their planning and service process.
Measures:	• All CSB programs will receive a three-year accreditation from CARF by 2013.
	• 100% of all Department policies will be reviewed and revised as needed on an annual basis.
	 100% of all Department drills and inspections will be completed on an annual basis.
	• 85% of clients will respond positively on satisfaction surveys

EXPANSION AND INTEGRATION OF PRIMARY AND MENTAL HEALTH SERVICES
Support expansion of primary care medical services as well as integration of mental health and primary medical care services.
• Support efforts for ANHSI (Alexandria Neighborhood Health Services, Inc.) to obtain additional clinical space in the City of Alexandria through purchase of another building, as well as increased use of space within the Casey Health Center
 Support transfer of general medicine clients from Alexandria Health Department to ANHSI Support pharmacy position within the Alexandria Health Department to manage ADAP (AIDS Drug Assistance Program), counseling on pharmaceutical use, enrollment in patient assistance programs through NovaScripts, as well as other medication programs within the health department
• Expand number of safety net providers using Healthy Communities Access Project (HCAP) to enroll low income clients
 Support continued involvement of the Alexandria Health Department and ANHSI in regional efforts in Northern Virginia to increase access to healthcare and improve communications among safety net providers.
Support ANSHI's on-site primary care Physician coverage at the ACSB
 Wait time for new appointments in ANHSI's programs Number of medical clients seen by ANHSI providers in the Casey Health Center Number of mental health clients receiving medical care through ANHSI Number of safety net providers using HCAP program